

fringes of the room. Tommy would occasionally catapult through in pursuit of an errant soccer ball.

Bill and I talked—he was interested—and the rest is happy history. Bill Spong did—as we all know—come to William and Mary, and his leadership first healed a crippled institution and then raised it to a level of national distinction that none of us dared dream. He built a place of genuine intellectual excellence—but he did more. He built a law school of which George Wythe would have approved. And that is not a casual compliment. George Wythe's approval mattered to Bill—it mattered very much. Bill's inspiration shaped a place where would be lawyers learned not only their duty to their clients, but their duty to humanity—a place where professional success was and is defined not only by hours billed—but by a client's burdens lifted—by anguish eased.

During much of Bill's deanship, I served as one of his associate deans. We became friends—more than friends really—our association deepened in ways that—then and now—makes it one of the great treasures of my life.

He was my teacher, too. I learned life lessons that I have never forgotten and for which I have never failed to be grateful. As a teacher, Bill was almost magical. He taught without seeming to teach, and you learned without realizing that you were being taught—until afterwards—when you were left to discover—with manifest joy—the power of the lessons he had lodged deep within your heart.

As most of you know, Bill did not drive. When he was here, I was one of those who shared with Virginia the responsibility of getting him where he needed to go—and that led to not a few adventures.

One day he asked me whether I would like to go to Hampden-Sydney. I said yes. I had never been there—and I was anxious to see for myself—a place Bill really believed was some kind of collegiate paradise. I asked him when I should pick him up. He said—don't worry—just be here in the morning. When I arrived on the next day, I discovered he had engaged Mr. Albert Durant—a loquacious and long-time chauffeur for hire—who was something of a local institution. Mr. Durant's vehicle was a great, long black limousine—the vintage of which would have given it pride of place in President Eisenhower's first inaugural parade.

We bought sandwiches from the Cheese Shop and rolled up the road to Farmville—fully occupied by Mr. Durant's non-stop commentary while eating our lunch out of paper sacks in the back seat.

When we approached the limits of that collegiate paradise—Bill leaned forward and said—Mr. Durant . . . "Mr. Durant . . . see that alley up there on the right—turn in there. I can't let them see me coming in a car like this." Now—it wouldn't have been accurate exactly—to say that we snuck on to the campus in camouflage—but it would be accurate to say that we didn't make a point of being seen until we were a safe distance from any possible connection with Mr. Durant's gleaming but antique limousine.

On the way home, we stopped to get gas in what was then the wilderness of Chesterfield. I got out with Mr. Durant to stretch my legs. Bill stayed in the car. As he serviced the car, the attendant peered in to the back window—turned to me—and asked with some awe in his voice—"Would that be the Governor in there?" "No," I said, "but he should have been." I still think that. He should have been.

But now, all is memory—the life is complete. What he should have been doesn't matter. What does is what he was. And what he was—was the most thoughtful public servant

of his generation—a great man who lived this Commonwealth—not uncritically—but loved it still—the beauty of the land—the decency of its people—the glory of its history.

What he was—was a teacher and builder who believe profoundly in the power of education and who struck many a powerful blow for civility and civilization.

What he was—was a friend whose friendship made you laugh for the sheer joy of it, whose love gave you strength and whose example gave you courage.

All that we must consign to memory—at the moment it is a memory that wounds—and deeply.

But we all know—that in God's good time—that the wound will mostly heal—the pain will largely disappear—and we will be left with the wonder—and may I say the warming glory of having been numbered among that special band who loved and were loved by our eternal friend—Bill Spong.

Mr. ROBB. Mr. President, I note the temporary absence of anyone else seeking to speak. I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GREGG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GORTON). Without objection, it is so ordered.

MAMMOGRAPHY QUALITY STANDARDS ACT

Ms. MIKULSKI. Mr. President, I rise today to celebrate the Senate passage of the Mammography Quality Standards Act. I am delighted that the Senate acted on Sunday, November 9 to unanimously approve this important legislation. The bill that the Senate has now passed reauthorizes the original legislation which passed in 1992 with bipartisan support. This year's bill is presented to the Senate with 55 cosponsors.

What MQSA does is require that all facilities that provide mammograms meet key safety and quality-assurance standards in the area of personnel, equipment, and operating procedures. Before the law passed, tests were misread, women were misdiagnosed, and people died as a result of sloppy work. Since 1992, MQSA has been successful in bringing facilities into compliance with the federal standards.

What are these national, uniform quality standards for mammography? Well, facilities are required to use equipment designed specifically for mammography. Only radiological technologists can perform mammography. Only qualified doctors can interpret the results of mammography. Facilities must establish a quality assurance and control program to ensure reliability, clarity and accurate interpretation of mammograms. Facilities must be inspected annually by qualified inspectors. Finally, facilities must be accredited by an accrediting body approved by the Secretary of Health and Human Services.

This current reauthorization makes a few minor changes to the law to ensure the following: Patients and referring physicians must be advised of any mammography facility deficiency. Women are guaranteed the right to obtain an original of their mammogram. Finally, both state and local government agencies are permitted to have inspection authority.

I like this law because it has saved lives. The front line against breast cancer is mammography. We know that early detection saves lives. But a mammogram is worse than useless if it produces a poor-quality image or is misinterpreted. The first rule of all medical treatment is: Above all things, do no harm. And a bad mammogram can do real harm by leading a woman and her doctor to believe that nothing is wrong when something is. The result can be unnecessary suffering or even a death that could have been prevented. That is why this legislation is so important. This law needs to be reauthorized so that we don't go back to the old days when women's lives were in jeopardy.

A strong inspection program under MQSA is extremely important to ensure the public that quality standards are being met. In a GAO report which evaluated the MQSA inspection program, GAO praised the program. They also recommended changes to further strengthen the program. FDA is in the process of implementing these recommendations. The FDA has proposed to direct its attention to conducting comprehensive inspections on those facilities where problems have been identified in the past, while decreasing the extensiveness of inspections at those facilities with excellent compliance records. I think it is important for the FDA to move promptly in this direction. The best way to protect the public health is for the FDA to focus its resources on the problem facilities.

I want to make sure that women's health needs are met comprehensively. It is expected that 180,000 new cases of breast cancer will be diagnosed and about 44,000 women will die from the disease in 1997. This makes breast cancer the most common cancer among women. And only lung cancer causes more deaths in women.

We must aggressively pursue prevention in our war on breast cancer. I pledge to fight for new attitudes and find new ways to end the needless pain and death that too many American women face. This bill is an important step in that direction.

As the 105th Congress comes to a close, we can look back on some great bipartisan victories and other great partisan frustrations. But one area Republicans and Democrats have always worked together on is women's health. I am proud of this bill's broad bipartisan support. I want to take this opportunity to thank all the cosponsors for making this happen. A special thanks to Senator JEFFORDS for working with me on making passage of this bill a reality. As Dean of the Democratic

Women, I want to also thank the Dean of the Republican Women, KAY BAILEY HUTCHISON, for always reaching out to work together on the issues that matter most to American women and their families.

Still, Senate passage alone does not assure reauthorization. It is my hope that the strong show of bipartisan support for this bill here in the Senate will encourage the House of Representatives to promptly move forward on this bill. I hope they will follow our lead to ensure a quick reauthorization of MQSA. America's women are counting on it.

Mr. HARKIN. Mr. President, I join Senator MIKULSKI and many of my colleagues today to support reauthorization of the Mammography Quality Standards Act. I want to especially commend Senator MIKULSKI for her invaluable leadership on this issue. She brought the problem of poor quality mammography screening to the Senate's attention several years ago and authored the historic legislation we are today reauthorizing.

As many of you know, I lost my sisters at an early age because of breast cancer. This experience has helped to make me acutely aware of the need for research on and improved early detection of breast cancer. I've always thought if they had had access to quality mammography screening, they would be alive with us today.

Starting in 1990, as chairman of the Labor, Health and Human Services Appropriations Subcommittee, I worked with Senator MIKULSKI and others to start and fund a program at the CDC to provide screening for lower income women without insurance. And in 1992, I offered an amendment to dedicate \$210 million in the Defense budget for breast cancer research. Because of this legislation, funding for breast cancer research has been included in the Defense Department budget every year since 1992, and will be included again in Fiscal Year 1998.

It is clear that if we are to win the war on breast cancer we must continue to support research on improved treatments, but we must also ensure that breast cancer is detected early enough to apply these treatments effectively. The need for legislating mammography quality standards is obvious—every year approximately 180,000 women will be diagnosed and 44,000 women will die of breast cancer. We can prolong and save the lives of millions of women if we can detect the cancer early in its development. The earlier we can diagnose breast cancer, the sooner a woman can begin to receive appropriate treatment, and the more likely it is that she will survive. It is vital that all women have access to mammograms which are both properly performed and accurately analyzed. This screening is a very powerful weapon in the battle against cancer.

Early diagnosis, and consequently early treatment, depend upon accurate evaluations of breast tissue. This

means that the health care professionals taking mammograms and reading mammograms must be properly trained. This Act sets forth requirements that all mammography facilities meet stringent standards in terms of equipment used, personnel, and reporting of mammography findings.

Congress must act quickly to pass this reauthorization so that women throughout our nation can be confident that they are receiving the safest, most reliable mammography available. Without these standards, women do not have such guarantees. They would be forced to place their lives in the hands of a random patchwork of Federal, State, and voluntary standards. This is unacceptable. We cannot return to the days before this law was passed, when women were misdiagnosed because mammography clinics did not have standards for quality control.

Women also deserve the best technology available when it comes to early detection of cancer because advanced technology means more accurate, and therefore earlier diagnosis. One such advance is digital mammography. This screening technique involves the creation of digital images which are more easily visualized and can also be stored and forwarded to other medical sites. This can provide women in rural areas with vital access to expert medical diagnosticians.

When women and their doctors have access to the best technology available, such as digital mammography, it can mean the difference between life and death. It can also mean money saved, because it is cheaper to treat a small, confined tumor than it is to treat a full-blown metastatic cancer which has spread to other organ systems.

Breast cancer is the most common cancer among American women, but it does not have to be the No. 1 cancer killer among women in the United States because we have ways to detect it early on. The National Cancer Institute advises that "high-quality mammography combined with a clinical breast exam is the most effective technology presently available to detect breast tumors." We have an obligation to American women to ensure that the mammographies they receive meet high-quality federal standards. I am proud to be an original cosponsor of this legislation and I look forward to its speedy passage into law.

Mrs. HUTCHISON. Mr. President, I rise today to commend my colleagues for passing the Mammography Quality Standards Act, assuring that national, uniform quality standards will be in place for this lifesaving, preventive procedure.

Experts universally agree that mammography is one of the best ways to detect breast cancer early. Yet, statistics show that the majority of women who need mammograms are not getting them. Nearly 40 percent of women ages 40 to 49, 35 percent of women ages 50 to 64, and 46 percent of women 65 years of age and over have not received a mam-

mogram in the past 2 years. With 44,000 women dying annually from breast cancer, one in three of these might be saved if her breast cancer is detected early.

Since almost 10 percent of breast cancers are not detected by mammography, it's essential to remember breast self-examination and clinical screening as the other important early detection tools we have at our disposal.

This was the first year that the National Cancer Institute joined the American Cancer Society and other breast cancer organizations in support of screening mammograms on a regular basis. Dr. Richard Klausner, NCI Director, announced in March that the mammography recommendations of the National Cancer Screening Board would be adopted by NCI.

Dr. Klausner spoke movingly about NCI-conducted focus groups that found that many women are not aware that breast cancer risks increase with age and that most women who develop breast cancer have no family history of the disease. He is to be commended for launching a new education campaign featuring new breast health and mammogram fact booklets, and breast health information hotline and Internet website.

The passage of the reauthorization of the Mammography Quality Standards Act dovetails nicely with these efforts. The original legislation passed in 1992 has been successful in bringing mammography screening facilities into compliance with a tough Federal standard. Patients can be assured that their mammography procedures and results are provided by qualified technical professionals and with annually inspected radiographic equipment and facilities.

This reauthorization makes some needed improvements to existing law. Facilities are now required to inform the patient as well as the physician about the screening results, and patients may now obtain their original mammogram films and report. Consumers and physicians must now be advised of any mammography facility deficiencies, and both State and local government agencies are granted inspection authority. These improvements were recommended in a GAO report as ways to assure that this vital prevention program continues to protect the public health and address women's health needs.

Last, I want to thank all the countless radiologists, radiologic technicians, and support workers who provide this very worthwhile service and make the time spent undertaking this procedure as pleasant as possible. These are the soldiers in our war against cancer, and their contributions are invaluable. I thank you all for your support.

AMENDING THE INTERNAL REVENUE CODE OF 1986

Mr. THURMOND. Mr. President, I rise today to advise Members of the